

DOOTHAN POLICE DEPT		MENT MISSING PERSON SUPPL			INT	JUVENILE <input checked="" type="checkbox"/>	PD
CASE NUMBER		1-99	000625	NUMBER	DATE/TIME 08 01 99 MO DAY YR		
MISSING PERSON							
NAME HAWLETT LAST			TRACIE FIRST		SEAN MIDDLE		
ALIAS NAME/NUMBER							
ADDRESS: 2105 NUMBER		ROCKSPRING STREET NAME			RD SUFFIX		
APT/STE		DOOTHAN CITY			PC	3630 ZIP CODE	
DOB: 03	03	82	POB.	ADDRESS	DOOTHAN CITY	AL	HOUSTON COUNTY
MO	DAY	YR					
SCHOOL: NORTHVIEW HIGH SCHOOL							
EMPLOYER: N/A							
NAME		ADDRESS		CITY/STATE/ZIP CODE			
SSN: [REDACTED]		OCCUPATION STUDENT					
REQUIRED FIELD							
OLN: _____ STATE: _____ COUNTRY: _____							
TELEPHONE: RES. 334 702-4185 BUS. _____							
OTHER ID: NUMBER		SEX: <input checked="" type="checkbox"/> M UNKNOWN	RACE: <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H				
AGE MIN. YRS 17		TO _____ MAX. YRS HGT.: F/M 5'10 TO _____ F/M	WGT. 120 TO _____				
ETHNIC ORIGIN: <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON-HISPANIC ORIGIN [OTHER] SPECIFY _____							
HAIR COLOR: <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE/STRAWBERRY <input checked="" type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> RED/AUBURN <input type="checkbox"/> SANDY <input type="checkbox"/> WHITE							
[<input type="checkbox"/> UNKNOWN] <input type="checkbox"/> SALT & PEPPER OTHER _____							
HAIR LENGTH: <input type="checkbox"/> BALD <input type="checkbox"/> SHORT <1/2" <input type="checkbox"/> MEDIUM 2' OR LESS <input checked="" type="checkbox"/> SHOULDER LENGTH <input type="checkbox"/> DOWN BACK <input type="checkbox"/> WAIST LENGTH							
[<input type="checkbox"/> UNKNOWN] OTHER _____							
HAIR STYLE: <input type="checkbox"/> BALD <input type="checkbox"/> BALD ON TOP <input type="checkbox"/> BALD SPOT <input type="checkbox"/> CREWCUT <input type="checkbox"/> PARTED L <input type="checkbox"/> PARTED R <input type="checkbox"/> PARTED CENTER							
<input checked="" type="checkbox"/> PULLED BACK <input type="checkbox"/> PONY TAIL <input type="checkbox"/> PIG TAIL <input type="checkbox"/> RAT TAIL <input type="checkbox"/> PUNK <input type="checkbox"/> MOHAWK <input type="checkbox"/> AFRO							
[<input type="checkbox"/> DRED LOCKS] <input type="checkbox"/> FADE OTHER _____							
EYE COLOR: <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> MAROON							
[<input type="checkbox"/> MULTICOLOR] <input type="checkbox"/> PINK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/> GLASS EYE <input type="checkbox"/> PATCH <input type="checkbox"/> NO EYE <input type="checkbox"/> MILKY WHITE							
EYEGLASSES: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COMPLEXION: <input type="checkbox"/> ALBINO <input type="checkbox"/> BLACK <input type="checkbox"/> DARK <input type="checkbox"/> DARK BROWN <input type="checkbox"/> FAIR							
[<input type="checkbox"/> LIGHT] <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM BROWN <input type="checkbox"/> OLIVE <input type="checkbox"/> RUDDY <input type="checkbox"/> SALLOW							
[<input type="checkbox"/> YELLOW] <input type="checkbox"/> UNKNOWN OTHER TAN							
FACIAL HAIR: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STUBBLE <input type="checkbox"/> MUSTACHE ONLY <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE & BEARD <input type="checkbox"/> GOATEE ONLY							
[<input type="checkbox"/> MUSTACHE & GOATEE] <input type="checkbox"/> FU MANCHU MUSTACHE <input type="checkbox"/> PORK CHOP SIDEBURNS <input type="checkbox"/> HANDLEBAR MUST							
[<input type="checkbox"/> UNKNOWN] OTHER _____							
BUILD: <input type="checkbox"/> SLIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> POT BELLY <input type="checkbox"/> OBESE <input type="checkbox"/> LARGE <input type="checkbox"/> HEAVY							
[<input checked="" type="checkbox"/> AVERAGE] <input type="checkbox"/> SLIM <input type="checkbox"/> SMALL <input type="checkbox"/> THIN OTHER _____							
TEETH: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> BROKEN <input type="checkbox"/> CROOKED <input type="checkbox"/> IRREGULAR <input type="checkbox"/> MISSING <input type="checkbox"/> FALSE <input type="checkbox"/> GOLD TOOTH							
[<input type="checkbox"/> SILVER TOOTH] <input type="checkbox"/> BRACES <input type="checkbox"/> DESIGN ON TOOTH <input type="checkbox"/> DENTURES/PLATES							
SPEECH/VOICE: <input type="checkbox"/> SOFT SPOKEN <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOUD <input type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> ACCENT <input type="checkbox"/> STUTTERED							
[<input type="checkbox"/> FOREIGN] <input type="checkbox"/> MUTE <input type="checkbox"/> OTHER _____ [11] UNKNOWN							
BODY MARKS: TATTOOS _____							
LOCATION _____							
SCAR(S) & MARKS _____							
LOCATION _____							

DOOTHAN POLICE DEPART		WENT MISSING PERSON SUPPLER N1		JUVENILE <input checked="" type="checkbox"/>	
II [] CASE NUMBER	1 - 99 YR	006625 NUMBER	DATE/TIME 08 01 99 1000 MO DAY YR		
MISSING PERSON					
NAME BEASLEY LAST		J. B. FIRST		HICKEY / GREEN MIDDLE	
ALIAS NAME/NUMBER					
ADDRESS: 402 NUMBER	N DIR	CHARLOTTE STREET NAME		ST SUFFIX	
APT/STE	DOOTHAN CITY		AC STATE	36303 ZIP CODE	
DOB: 07 31 82 MO DAY YR	POB: ADDRESS	TROY CITY		AL STATE	PIKE COUNTY
SCHOOL NORTHVIEW HIGH SCHOOL				GRADE 12	
EMPLOYER <input checked="" type="checkbox"/>	NAME	ADDRESS		CITY/STATE/ZIP CODE	
SSN: <input checked="" type="checkbox"/>	OCCUPATION STUDENT			-	
REQUIRED FIELD					
OLN: 6820902			STATE AL	COUNTRY U.S.	
TELEPHONE: REG. 334 671-1766	BUS: _____				
OTHER ID: NUMBER	SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	UNKNOWN	RACE: <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H		
AGE: MIN. YRS 17	TO	MAX. YRS HGT.: FAM 5'5	TO	FAM	WGT. 115
ETHNIC ORIGIN: <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON-HISPANIC ORIGIN (OTHER) SPECIFY _____					
HAIR COLOR: <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE/STRAWBERRY <input checked="" type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> RED/AUBURN <input type="checkbox"/> SANDY <input type="checkbox"/> WHITE					
[8] UNKNOWN [9] SALT & PEPPER OTHER _____					
HAIR LENGTH: <input type="checkbox"/> BALD <input type="checkbox"/> SHORT <1/2" <input type="checkbox"/> MEDIUM 2" OR LESS <input checked="" type="checkbox"/> SHOULDER LENGTH <input type="checkbox"/> DOWN BACK <input type="checkbox"/> WAIST LENGTH					
[7] UNKNOWN OTHER _____					
HAIR STYLE: <input type="checkbox"/> BALD <input type="checkbox"/> BALD ON TOP <input type="checkbox"/> BALD SPOT <input type="checkbox"/> CREWCUT <input type="checkbox"/> PARTED L <input type="checkbox"/> PARTED R <input type="checkbox"/> PARTED CENTER					
[8] PULLLED BACK <input type="checkbox"/> PONY TAIL <input type="checkbox"/> PIG TAIL <input type="checkbox"/> RAT TAIL <input type="checkbox"/> PUNK <input type="checkbox"/> MOHAWK <input type="checkbox"/> AFRO					
[15] DRED LOCKS <input type="checkbox"/> FADE OTHER _____					
EYE COLOR: <input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input checked="" type="checkbox"/> HAZEL <input type="checkbox"/> MAROON					
[8] MULTICOLOR <input type="checkbox"/> PINK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/> GLASS EYE <input type="checkbox"/> PATCH <input type="checkbox"/> NO EYE <input type="checkbox"/> MILKY WHITE					
EYEGLASSES: <input type="checkbox"/> <input checked="" type="checkbox"/> COMPLEXION: <input type="checkbox"/> ALBINO <input type="checkbox"/> BLACK <input type="checkbox"/> DARK <input type="checkbox"/> DARK BROWN <input type="checkbox"/> FAIR					
[6] LIGHT <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM BROWN <input type="checkbox"/> OLIVE <input type="checkbox"/> RUDDY <input type="checkbox"/> SALLOW					
[13] YELLOW <input type="checkbox"/> UNKNOWN OTHER TAN					
FACIAL HAIR: <input type="checkbox"/> NONE <input type="checkbox"/> STUBBLE <input type="checkbox"/> MUSTACHE ONLY <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE & BEARD <input type="checkbox"/> GOATEE ONLY					
[7] MUSTACHE & GOATEE <input type="checkbox"/> FU MANCHU MUSTACHE <input type="checkbox"/> PORK CHOP SIDEURNS <input type="checkbox"/> HANDLEBAR MUST					
[14] UNKNOWN OTHER _____					
BUILD: <input type="checkbox"/> SLIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> POT BELLY <input type="checkbox"/> OBESE <input type="checkbox"/> LARGE <input type="checkbox"/> HEAVY					
[9] AVERAGE <input type="checkbox"/> SLIM <input type="checkbox"/> SMALL <input type="checkbox"/> THIN OTHER _____					
TEETH: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> BROKEN <input type="checkbox"/> CROOKED <input type="checkbox"/> IRREGULAR <input type="checkbox"/> MISSING <input type="checkbox"/> FALSE <input type="checkbox"/> GOLD TOOTH					
[8] SILVER TOOTH <input type="checkbox"/> BRACES <input type="checkbox"/> DESIGN ON TOOTH <input type="checkbox"/> DENTURES/PLATES					
SPEECH/VOICE: <input type="checkbox"/> SOFT SPOKEN <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOUD <input type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> ACCENT <input type="checkbox"/> STUTTERED					
[8] FOREIGN <input type="checkbox"/> MUTE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> UNKNOWN					
BODY MARKS: TATTOOS _____					
LOCATION _____					
SCAR(S) & MARKS _____					
LOCATION _____					

Dale W. Nease, Lawyer & Co.
Dothan Police Dept

JB Beasley

LSW Blue jeans, white + blue stripe tank top, grey
new balance sneakers, black belt, belly button ring

Tracy Hunter

W/F, 3-3-82, 5'10, 120 lbs, brown hair shoulder length, dark tan
Complexion

LSW Blue Bell Bottom jeans, short sleeve multiy stripe shirt, grey white + black new balance sneakers

Both were heard from last @ 23:40 7-31-99.

Tracy Hunter had called mother to advise they would miss curfew because they took a wrong turn ended up in Ozark & were lost. Mrs. Hunter told Dothan pd. Tracy was calling from payphone somewhere in Ozark. They were occup. a Mazda 929 Tag 38FG624 which was found on Herring Ave. The vehicle was found unsecure. And the two girls purses were found to still be in the car. If contact made hold & notify Dothan D.D.

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT SUPPLEMENT

EH

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

1 ORI	2 AGENCY NAME 0 2 6 0 1 0 0 Ozark Police Department	3 DATE AND TIME OF REPORT 0 8 10 1 9 9	4 CASE # 9 9 0 8 - 0 0 4 3	5 SFX			
6 VICTIM'S NAME (ORIGINAL REPORT) Hawlett, Tracy		7 ORIGINAL OFFENSE DATE M D Y	8 TYPE REPORT <input type="checkbox"/> CONTINUATION <input type="checkbox"/> FOLLOW-UP				
9 ORIGINAL INCIDENT/OFFENSE Murder		10 UCR CODE	11 STATE CODE/LOCAL ORDINANCE				
12 NEW INCIDENT/OFFENSE		13 UCR CODE	14 STATE CODE/LOCAL ORDINANCE				
15 HAS AN ARREST BEEN MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DATE OF ARREST M D Y	17 HAS WARRANT BEEN OBTAINED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WARRANT	18 DATE OF WARRANT M D Y			
19 DEFENDANT <input type="checkbox"/> SUSPECT NAME:		20 DEFENDANT <input type="checkbox"/> SUSPECT NAME:					
RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> I	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	DOB M D Y	AGE	RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> I	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	DOB M D Y	AGE

The victims had what appeared as a head injury; both victim's were deceased. This Officer notified all essential personnel. Investigator Miller notified his department and all essential personnel.

NARRATIVE

DOLLAR VALUE G B R E V U E L U A L V E	24 MOTOR VEHICLE S R D C	25 CURRENCY, NOTES S R D C	26 JEWELRY S R D C	27 CLOTHING/FURS S R D C	28 FIREARMS S R D C	29 OFFICE EQUIPMENT S R D C	
	30 ELECTRONICS S R D C	31 HOUSEHOLD S R D C	32 CONSUMABLE GOODS S R D C	33 LIVESTOCK S R D C	34 MISCELLANEOUS S R D C		
35 MOTOR VEN. STOLEN IN YOUR JURISDICTION? <input type="checkbox"/>		36 RECOVERED IN YOUR JURISDICTION? <input type="checkbox"/>					
ONLY REQUIRED FOR NEW UCR CODE WHERE?		WHERE?					
MULTIPLE CASES CLOSED	37 CASE #	38 SFX	39 CASE #	40 SFX	41 CASE #	42 SFX	43 ADDITIONAL CASES CLOSED NARRATIVE ID #
44 CASE STATUS <input checked="" type="checkbox"/> PENDING <input checked="" type="checkbox"/> INACTIVE <input checked="" type="checkbox"/> CLOSED ENTERED ACRONIC DATE	45 CASE DISPOSITION <input type="checkbox"/> CLEARED BY ARREST (JUV) <input type="checkbox"/> CLEARED BY ARREST (ADULT) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ADM. CLEARED	46 EXCEPTIONAL CLEARANCE: <input type="checkbox"/> SUSPECT/OFFENDER DEAD <input type="checkbox"/> OTHER PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> LACK OF PROSECUTION <input type="checkbox"/> JUVENILE, NO REFERRAL <input type="checkbox"/> DEATH OF VICTIM		46 REPORTING OFFICER Roskam		ID # 151	
47 ASSISTING OFFICER		48 SUPERVISOR APPROVAL BB		49 WATCH CMNR. 116		ID #	

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

INCIDENT/OFFENSE REPORT CONTINUED		95 DATE AND TIME OF REPORT M D Y	96 CASE #	97 SFX	98	99 OFFENDER SUSPECT MISSING PERSON	100 CHECK IF MULTIPLE
100 NAME (LAST, FIRST, MIDDLE) Unk		100 NICKNAME/ALIAS		101 RACE W A B I	102 SEX M F	103 DOB M D Y	104 AGE
105 ADDRESS (STREET, CITY, STATE, ZIP) Unk		106 HOT		107 WGT	108 EYE	109 HAIR	110 COMPLEXION
111 PROBABLE DESTINATION Unk				112 ARMED? Y N UNK	113 WEAPON	Gun Unknown Type	
114 CLOTHING Unk		115 SCARS MARKS TATOOS				116 ARRESTED WANTED	
116 NAME (LAST, FIRST, MIDDLE)		117 NICKNAME/ALIAS		118 RACE W A B I	119 SEX M F	120 DOB M D Y	121 AGE
122 ADDRESS (STREET, CITY, STATE, ZIP)		123 HOT		124 WGT	125 EYE	126 HAIR	127 COMPLEXION
128 PROBABLE DESTINATION				129 ARMED? Y N UNK.	130 WEAPON		
131 CLOTHING		132 SCARS MARKS TATOOS				133 ARRESTED WANTED	
WITNESSES	133 NAME (LAST, FIRST, MIDDLE) SEX, RACE, DOB		134 ADDRESS (STREET, CITY, STATE, ZIP)		135 RES. PHONE ()	136 BSB. PHONE ()	
	#1	SEX M F RACE W A B I			()	()	
	#2	SEX M F RACE W A B I			()	()	
	#3	SEX M F RACE W A B I			()	()	
	#4	SEX M F RACE W A B I			()	()	
WITNESS #1 SSN		WITNESS #2 SSN		WITNESS #3 SSN		WITNESS #4 SSN	
137 This Officer met with Dothan Investigator Sgt. Miller at Herring Ave. at James St. with vehicle listed that was abandoned in reference to 2 missing juveniles from Dothan. The car had been found at 0902 on 08-01-99 by Sgt. Blankenship. The vehicle was unsecure; the driver side (front & back) window was down; a purse was on the passenger side floor board (front) with change purse laying between the driver and passenger seat. Dothan Investigator Miller stated he was going to open the trunk. Investigator Miller went to his vehicle and put on rubber gloves. Investigator Miller returned to the vehicle and pushed the button located on the inside of the driver's compartment. This Officer and Investigator Miller went to the rear of the vehicle. Investigator Miller raised the trunk. Inside the trunk of the vehicle were the two missing juveniles. The victims were deceased.							
NARRATIVE	CONTINUED ON SUPPLEMENT <input checked="" type="checkbox"/>		ASSISTING AGENCY ORI		ASSISTING AGENCY CASE #		SFX

I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying this agency if any stolen property or missing person hereby reported is returned.

SIGNATURE _____

MULTIPLE CASES CLOSED	140 CASE #	141 SFX	142 CASE #	143 SFX	144 CASE #	145 SFX	146 ADDITIONAL CASES CLOSED NARRATIVE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
ADMINISTRATION	147 CASE STATUS: <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> INACTIVE <input type="checkbox"/> CLOSED ENTERED ACIC/NCIC DATE	148 CASE DISPOSITION: <input checked="" type="checkbox"/> CLEARED BY ARREST (JUV) <input type="checkbox"/> CLEARED BY ARREST (ADULT) <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> NOT CLEARED	149 EXCEPTIONAL CLEARANCE: <input type="checkbox"/> SUSPECT/OFFENDER DEAD <input type="checkbox"/> OTHER PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> LACK OF PROSECUTION <input type="checkbox"/> JUVENILE, NO REFERRAL <input type="checkbox"/> DEATH OF VICTIM	149 REPORTING OFFICER	ID #		
				150 ASSISTING OFFICER	ID #		
				151 SUPERVISOR APPROVAL	ID #	152 WATCH CMDR.	ID #